

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

Pooss UHF

'05 JAN 20 P12:11

STATE OF HAWAII

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type of t	Fillit Clearly)		
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Piper	loffrou.	S.	808-523-6789	
riper	Jeffrey	3.	355 525 5155	
MAILING ADDRESS (Street)	FAX			
Topa Financial Center, Fort S	808-523-6030			
(City)	(State)	(Zip	(Zip Code)	
Honolulu	Hawaii	96	96813	
EMPLOYING ORGANIZATION	TELEPHONE			
Schlack Ito Lockwood Piper &	808-523-6040			
MAILING ADDRESS (Street)	FAX			
Topa Financial Center, Fort S	808-523-6030			
(City)	(State)	(Zip	(Zip Code)	
Honolulu	Hawaii	96	96813	

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do n	TELEPHONE 808-956-4510			
University of Hawaii Foundation				
MAILING ADDRESS (Street)	FAX			
2444 Dole Street, Bachman Hall 105				
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96822		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE 808-956-4510		
William F. King, Vice President and CFO				
MAILING ADDRESS (Street)	FAX 808-956-5115			
2444 Dole Street, Bachman Hall 105				
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96822		

PART III DESCRIPTION (	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY			
Agriculture      Communications & Public Utilities      Consumer Protection & Commerce      Culture, Arts, Historic Preservation      Ecology, Energy Environmental Protection	<ul> <li>[x] Education</li> <li>[] Government Operations &amp; Finance</li> <li>[] Hawaiian Affairs</li> <li>[] Health</li> <li>[] Housing</li> </ul>	[ ] Human Services  [ ] Intergovernmental Relations, International Affairs  [ ] Labor & Employment  [ ] Planning, Land & Water Use Management  [ ] Public Safety & Corrections	[ ] Science, Technology & Economic Development [ ] Tourism & Recreation [ ] Transportation [ ] Other: (indicate below)		
	.!	1.	-		
PART IV CERTIFICATIO	N OF LOBBYIST				
l hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATIO	N TO LORRY				
NAME	N TO LOBBT	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
William F. King	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED  Vice President and CFO				
NAME OF ORGANIZATION (if applicable)			LEPHONE		
University of Hawaii Foundation			98-956- <b>4</b> 510		
MAILING ADDRESS (Street)			x		
2444 Dole Street, Bachman Hall 105			08-956-5115		
(City)	(State) (Zip		e)		
. Honolulu	Hawaii 96822				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Williak King 1/6/05					
(Signature of Authorizing Officer or Person Represented) (Date)					